ANNUAL REPORT

UPON THE

PUBLIC HEALTH

AND

SANITARY ADMINISTRATION

OF THE

Rural District of Abergavenny

FOR THE

Year 1957

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By
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and
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Annual Report
1957

Mr. Chairman, Ladies and Gentlemen,

Many of the changes in a changing world are impressed upon our consciousness through the medium of mass communication such as the television, the wireless and the newspaper. Some of these are startling and, combined with the publicity they receive, create a pointed and lasting impact. Medicine too has had its moments, and much of what was once startling is now accepted as commonplace. Behind all the research which has enabled such strides to be made are the seemingly small, the seemingly unimportant, the almost dreary details of the everyday life of science in action. The advance of the whole depends upon the quiet but efficient functioning of the parts, and so far as Medicine is concerned, prevention and the preservation of health may often play an inconspicuous but always vital role, whose efficiency is now so much taken for granted that it might pass unnoticed—until something goes wrong!

A changing population has introduced new social and public health problems. Overcrowding is much less in evidence, partly due to smaller families and partly to improved housing conditions, but the ranks of the elderly, many of whom are living alone, are ever increasing. Thus we have witnessed a decline in the incidence of crowd diseases and an upward trend in the ailments associated with age. The problems associated with old age are well known and we continually press for the application of their solution. It is our duty to make life healthier and more comfortable in the advancing years.

Much has been achieved in the field of sanitation and higher standards of living. Great advances have been made in the prevention and treatment of many illnesses. We have seen a decline in the incidence of the old-time infections but we must not forget that they are still with us. Food poisoning, for instance, is much more common than records would suggest, and influenza runs its course, despite isolation and the introduction of antibiotics. Many of the communicable

diseases have lost their news value, emphasis having shifted to the viruses. Poliomyelitis, for example, has been widely publicised. Until recently, little could be done to prevent the spread of Poliomyelitis, but now that extensive immunisation of children has been introduced we look forward with hope to the effective control of yet another Infectious Disease. On the other hand, little attention has been given to such diseases as Rubella. We know the serious defects which follow maternal rubella, yet this disease remains non-notifiable.

We have profited to a large extent from a system of better education, fuller employment and a national health service. But we have also experienced an increase in speed, unrest and tension. Many more of us may live longer than our grandparents but we may also suffer from many more anxieties. As a result the stress and strain diseases are gaining in prevalence. Previous annual reports have shown the increased mortality from Coronary Thrombosis and 1957 shows no deviation from this upward trend. While certain preventive measures can now be taken by the individual to help prevent the onset of Cancer, our knowledge of this disease remains incomplete. Continued research is therefore necessary if morbidity and mortality are to be lowered. In the fight against Cancer the M.O.H. is still hampered through non-notification.

Maternity and Child Welfare.

We have achieved a very high standard in the care of mothers and children. Post-welfare services and health education have gone a long way towards promoting maternal and child health.

The Infant Welfare clinic is held on the Tuesday in each week and the Ante-Natal clinic on alternate Tuesdays. Mothers and children under five years of age, from the Borough and Rural District of Abergavenny attend these clinics. There are two Health Visitors and a Doctor in attendance.

The importance of early and regular attendance of expectant mothers at an ante-natal clinic cannot be overstressed. It is desirable for her to attend monthly until the 28th week of pregnancy, fortnightly between the 28th and 32nd weeks, and weekly thereafter.

A comprehensive medical examination is carried out which includes urine examination, blood tests and weight recording. Any departure from the normal may then be detected early and steps taken to remedy any abnormalities which may occur.

Mothers are too often guilty of neglecting their own well-being but are generally eager to seek advice on the care of their young as shown by the regular and good attendance at the Infant Welfare Clinic. Last year there was an average monthly attendance of 354 babies at this clinic. Tuberculin testing, Vaccination against Small Pox, and Immunisation against Diphtheria and Whooping Cough are now well-established procedures. The programme of vaccination against Poliomyelitis has also been extended and is now offered to children up to the age of 15 years.

Vaccination against Small Pox.

Numbers Vaccinated.'

Age Groups	In 1952	In 1953	In 1954	In 1955	In 1956	In 1957
Under 1 year ...	21	24	25	22	47	44
1 - 4 years ...	2	17	2	7	35	12
5 - 14 years ...	5	2	1	4	1	6
15 plus ...	166	11	8	3	12	28
Totals ...	194	54	36	36	95	90

Immunisation against Diphtheria and Whooping Cough

Numbers Immunised

Age Groups	In 1952	In 1953	In 1954	In 1955	In 1956	In 1957
Under 5 years ...	42	72	90	78	141	77
5 - 14 years ...	7	48	104	360	58	5
Total .	49	120	194	438	199	82

The mothercraft clinic, held regularly at Leven House, on alternate Tuesday evenings, continues to flourish. Members benefit both socially and educationally, and themselves have contributed greatly towards the success of this comparatively new venture. An informed mother is usually a very capable mother and the discussions and questions raised at this particular clinic illustrate its value.

Domiciliary Midwifery Services and Nursing Services.

Three midwifes continue to operate in the Rural District. Although a large majority of expectant mothers are admitted to hospital for their confinement, the midwife still takes a great pride in the care of the few that choose to remain at home at this particular time.

Calls made on the services of the 2 local district nurses continue to be heavy. Many of the elderly in the district are classified as chronic sick and, under prevailing circumstances, it is extremely difficult to have them admitted to hospital. It is in this type of case more than any other that the work of the District Nurse has proved invaluable.

Domestic Help Service.

The increase in district nursing has been coupled with a steady growth in the Home Help Service. In 1957 110 cases benefitted from this home help service in No. 10 area as compared with 90 cases in 1956. The number of helps employed is 65. Most of the cases are the aged chronic sick who have no other available help. Due to the chronic nature of their illness, their advanced years, and home circumstances, domestic help is required over long periods.

Ambulance Service.

Abergavenny Rural District is served by two Ambulances with four drivers stationed at Abergavenny. The service is under the central administration of the County Ambulance Officer at Caerleon. The system appears to work reasonably well. Central control aims at making the most economic use of ambulances and mutual assistance between Local Health Authorities avoids, as far as possible, ambulances running empty.

Where a trained attendant is considered necessary, this will be provided on the request of the General Practitioner in charge of the case.

Health Education.

Today, it is second nature for the appropriately trained staff of a Health Department, whether they be Health Visitors, Home Nurses, Public Health Inspectors or Doctors, to spread the gospel of good hygiene and healthy living. We have concentrated our attention on methods of health education through home visits and at clinics. Advice is given on mothercraft, home management, the prevention of disease and accident, and the upbringing of children. The results of health education cannot be measured statistically but its success is obvious. An enlightened public will no longer accept the low standards of hygiene and sanitation that once prevailed in the District. A progressive general knowledge regarding the causation of disease demands preventive measures as illustrated by the increasing interest in vaccination and immunisation.

Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This Service operates from Newport County Hall, and is co-ordinated with the Regional Hospital Board and Hospital Management Committees.

No adult Guidance Clinics are held in Abergavenny, but individual cases, patients suffering from nervous strain, and who are finding difficulty in adjusting themselves either in their homes or at their work are seen by Dr. Cochrane-Dyatt, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Medical Appliances.

The location of the Medical Appliances Depot for the Rural District is St. John Ambulance Hall, Abergavenny.

Welfare Services.

The Welfare Officer of No. 10 Area caters for the needs of Abergavenny Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-51). Cases are interviewed at their homes or at the Welfare Office in Leven House.

VITAL STATISTICS

Area	62,685 Acres
Population (Estimated)	8,660
Number of Inhabited Houses (according to Rate Book on 31/12/57) ...	2,436
Rateable Value	£59,522
1d. Rate	£230

	Total	*M.*	*F.*	*1957*	*Rural D.*	*County*	*E.&W.*
Live Births.							
Legitimate	122	59	63	Birthrate per 1,000 of estimated resident population ...	14.6	17.07	16.1
Illegitimate	4	1	3				
Total	126	60	66				
				Adjusted Birthrate	18.5		
Still Births.							
Legitimate	2	2	0	Still Births per 1,000 total Births ...	15.9		22.4
Illegitimate	0	0	0				
Total	2	2	0	Still Birth Rate per 1,000 population	0.23	0.51	
Deaths.							
All causes	173	94	79	Death rate per 1,000 estimated resident population ...	19.7	11.96	11.5
				Adjusted Death rate	8.41		
Deaths from Cancer— all forms	16	10	6				
Deaths from Lung Cancer	1	1	0				
Deaths due to Pregnancy, Childbirth, Abortion					0		
Maternity Mortality Rate (Rate per 1,000 births) ...					0	0.7	

Infant Mortality.

Infant Deaths from Measles ...	Nil
Whooping Cough	Nil
Diarrhœa	Nil
All Causes ...	2 (1M. 1F.)
Neonatal Deaths	2 (1M. 1F.)

Infant Mortality Rate	*Rural D.*	*County*	*E.&W.*
(Rate per 1,000 Live Births)	15.87	30.98	23.0
(Legitimate) ...	44.8		
(Illegitimate) ...	Nil		

Causes of Death (1957)

Causes	Sex :	Male	Female
Malignant Neoplasm Stomach	...	4	1
Malignant Neoplasm Lung Bronchus	...	1	0
Malignant Neoplasm Breast	...	0	2
Other Malignant and Lymphatic Neoplasms		5	3
Diabetes	...	0	1
Vascular Lesions Nervous System	...	14	10
Coronary Disease, Angina	...	17	7
Hypertension with Heart Disease	...	4	3
Other Heart Disease	...	24	28
Other Circulatory Disease	...	7	5
Influenza	...	1	1
Pneumonia	...	1	3
Bronchitis	..	8	3
Other Diseases of Respiratory System	..	2	1
Ulcer of Stomach and Duodenum	...	0	1
Nephritis and Nephrosis	...	0	2
Hyperplasia of Prostate	...	0	1
Congenital Malformations	...	0	1
Other Defined and Ill-defined Diseases	...	4	5
Other Infective and Parasitis Diseases	...	0	1
Accidents	...	1	1
Totals	...	94	79

Notification of Infectious Diseases.

(Classified according to sex and age groups).

Disease	*Sex*	*Age 0-4*	*Age 5-9*	*Age 10-19*	*Age 20-29*	*Age 30-39*	*Age 40 plus*	*Total*
Diphtheria	Male	...	...	...	...	...	...	.
	Female	. .	...	...	...	...	...	...
Scarlet	Male	...	...	...	...	...	..	...
Fever	Female	1	...	...	..	...	...	1
Cerebro-Spinal	Male	...	...	...	..	...	..	...
Meningitis	Female	...	...	...	...	...	.	...
Measles	Male	1	1	1	...	...	...	3
	Female	1	5	...	1	...	...	7
Enteric Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	.	...	...	...
Poliomyelitis	Male	...	...	...	1	...	...	1
	Female	...	...	...	...	...	...	...
Dysentery	Male	...	...	...	...	...	...	..
	Female	..	...	...	. .	1	1	2
Acute	Male	...	...	...	...	...	...	. .
Encephalitis	Female	...	...	..	...	...	...	. .
Acute	Male	..	...	...	...	...	...	...
Pneumonia	Female	...	...	..	...	...	...	...
Erysipelas	Male	...	...	...	...	...	...	...
	Female	.	...	...	...	...	...	...
Abortus	Male	...	...	...	...	...	...	...
Fever	Female	...	...	...	...	...	...	...
Salmonella	Male	..	...	...	...	...	...	...
Typhimurium	Female	...	..	...	...	...	...	...
Whooping	Male	...	...	...	...	...	...	...
Cough	Female	1	...	...	...	...	...	1
	Total	4	6	1	2	1	1	15

TUBERCULOSIS.

Notified : Pulmonary — M 3 F 3 Non-Pulmonary M 0 F 0
Deaths : do. M 0 F 0 do. M 0 F 0

Infectious Diseases.

During the year 1957 there was one 1 death from Infectious Disease. Notifications, also from this group of disease, have steadily declined. Whereas Infectious Diseases were the major cause of Mortality in this country 50 years ago, very few deaths are attributed to them today. Diseases such as Typhoid fever and Cholera are now conspicuous by their absence. Nevertheless, it is essential to maintain constant vigilance on our water supplies, sewage and refuse disposal, food hygiene, etc.

Diphtheria is another example of a disease which plays a minor role in both morbidity and mortality. It is well known that a sudden drop in the number of cases and of deaths from Diphtheria can only be attributed to successful immunisation which was universally adopted in this country in 1942. But if we are to continue in this comparative freedom then a high level of immunity must be maintained. Hence the importance of parents securing adequate protection for their children.

The severity of Scarlet Fever has varied periodically since the time it was first described as Scarlatina by Sydenham in 1676. At that time it was of a mild type, then it became severe with devastating effects. In the early 19th century it became mild again with reversion to the virulent type in 1830. Since 1870 it has become gradually milder, and only 1 case was notified in Abergavenny Rural District in 1957. This change in virulence cannot be explained by improvements in sanitation but appears to be more of a change in the host-parasite relationship. The prevailing low mortality may also be partially due to the effective use of antibiotics.

Last year I received 10 notifications of measles, and once again, the disease was one of low mortality. The general level of incidence of measles does not seem to have varied greatly of recent years, but complications appear less often and there has been a decline in the number of deaths. It is reasonable to suppose that this fall in mortality is largely a matter of decreased severity and improved treatment.

For some years Whooping Cough has been one of the most dreaded and crippling diseases of infancy. If completeness of notification is accepted then the low incidence in Abergavenny Rural District is indeed satisfactory. Fewer cases of Whooping Cough are naturally to be expected now that ample opportunity for immunisation is available to all healthy children.

Tuberculosis continues to claim its victims because there still remains a nucleus of infective cases in the population. Perhaps these unfortunate people do not know they are tuberculous and capable of passing it on to neighbour or relative, but on the other hand, they may be suspicious yet loathe to consult their Doctor for fear of being branded, losing their job, etc. Many of these unknown cases are later found amongst the elderly and appear to have suffered from a 'bad chest' for years. These are a danger to the community. Most patients become tuberculous from breathing in the organisms discharged into the air by an infected person coughing, talking, sneezing, or by breathing in infected dust. Occasionally they may get it from infected food, especially milk. Greater the degree of contact then greater the risk of developing the disease. Overcrowding, poverty and certain occupations also have their adverse effect on tuberculosis. Nearly everybody has had tuberculosis in a non-clinical form. We can find out about this by the tuberculin test, which is now a routine procedure in our schools and infant welfare clinics, and all positive reactors are X-rayed. School leavers are X-rayed yearly by the mass radiography unit which is also available periodically to the general public. In 1957 6 cases of Pulmonary Tuberculosis were notified in this district but if the reservoir of infection is to be discovered and eradicated then it would appear advisable for everyone of 15 years and over to be X-rayed annually. Unfortunately, this cannot be done as the mass radiography units are too few at present.

Until 1900 little was known about Poliomyelitis. The illness was first described in this country in 1795 but not until 1865 do we find records of its occurrence in epidemic form. Since 1900 however, it has become evident that Poliomyelitis is world-wide in its distribution, but its clinical behaviour may vary from place to place. It is now generally accepted that it is a highly infectious disease primarily

affecting children and spread largely by human contact. The spread of poliomyelitis is facilitated in communities where sanitation is primitive and living conditions overcrowded and poor. In such areas, infection and immunity are acquired at an early age, with the actual disease smouldering indefinitely, rarely giving rise to explosive outbreaks. On the other hand, where sanitation is more advanced, contact with the virus occurs at a later age, so that infection and immunity are more slowly acquired. Hence periodic epidemics of Poliomyelitis are to be found in the more enlightened communities with high living standards. It would seem, therefore, that artificial immunisation offers a greater measure of success in the prevention of Poliomyelitis rather than attempts to rid the environment of the causative organism. The year 1956 was assured of a place in epidemiological history as the year in which poliomyelitis vaccine was first tried in Britain. It demonstrated that the vaccine is safe. The public response to vaccination has been encouraging. The Research Defence Society has issued a pamphlet on anti-poliomyelitis vaccination in which pertinent questions are answered candidly.

We are fortunate in this District that there have been comparatively few outbreaks of Food Poisoning. Only two cases of Dysentery were notified in 1957. The standards of food hygiene generally have shown a measure of improvement. I feel that the Food Hygiene Regulations, health education and an enlightened public are slowly having the desired effect in the eradication of Food Poisoning.

Yours faithfully,

S. M. R. HARVEY, B.Sc., M.B., Ch.B., D.P.H.
Medical Officer of Health.

Water Supply.

The greater portion of the population residing in the Rural Area is now served by the Council's main water supply.

The two main ones are the Llanover and Tynywern supplies and in both cases the supply is obtained from main springs.

The water in each case is now chlorinated prior to entering the distribution mains.

Besides the two supplies already mentioned, two large main supplies also pass through parts of the area. They are the Newport Corporation mains and the Abertillery Water Board. These are sometimes used to supplement the local supplies.

Grosmont is at present supplied by a private supply, but it is the Council's intention to take over this supply as soon as possible with the view of improving same.

Isolated cottages are still obtaining their supply of water from shallow wells and outcrop springs, which are in the main bacteriologically unsatisfactory.

Part of the Rural Area known as the Plough Area is not served by a Public Supply at the present time, the only source of supply being that from outcrop springs, which are bacteriologically unsatisfactory, inadequate in quantity, and situated considerable distances from the cottages. The only Public Supply to Llangattock Lingoed is a Stand Pipe and Pump. The water being bacteriologically unsatisfactory.

The following samples were taken for bacteriological examination and are as follows :-

Source	Raw Water		Treated	
	Satisfactory	Unsatisf't'ry	Satisfactory	Unsatisf't'ry
Main Supply	10	4	38	19
Well & Spring Supplies	11	30		

Sewerage and Sewerage Disposal.

With the completion of the new housing sites the number of small sewerage disposal plants has increased during the year. The total number of plants now to be maintained and serviced is 16, one of these requiring daily attention, and the rest routine visits as soon as possible.

One man is employed full time on this work.

The removal of sludge is at present carried out by local arrangements. The condition of the plants is generally satisfactory, but the plants at the Bryn and Llanellen are overloaded. The Council are enlarging them as soon as possible.

During the year the Council laid a main sewer to serve a large part of the Govilon area. This sewer discharges into a sewerage disposal plant situated in the adjoining rural area of Crickhowell.

Plans are being prepared for the connection of properties to this sewer.

Public Scavenging.

The greater portion of the district is covered by the Council's scavenging scheme.

The collection is a kerbside one carried out weekly in the populated parts of the rural area.

The refuse is disposed of at two Council Refuse Tips, one situated at Govilon and the other at Llanvihangel Crucorney. The tips are adequately controlled against vermin.

Slaughterhouses and Meat Inspection.

There are no licensed slaughterhouses in the Rural Area, the majority of slaughtering is carried out in the Abergavenny Borough Abattoir.

Factories Act 1937 and 1948.

Number of Factories on Register, December 1957	...	15
Number of Inspections	...	10

Written Notices.

1.	Want of Cleanliness	...	Nil
2.	Insufficient Sanitary Conveniences ...	...	4

Milk Supply.
Milk and Dairies Regulations.

(a)	Number of persons registered as milk distributors	...	6
(b)	Number of Dealers' Licences issued authorising the use of the special designation "Tuberculin Tested"	...	6
(c)	Number of Dealers' Licenses issued authorising the use of the special designation "Pasteurised"	...	6
(d)	Number of Dealers' Licenses issued authorising the use of the special designation "Sterilised"	...	4

The following milk samples were taken :—

	Tuberculin Tested	T.T. Pasteurised
Number of samples taken ...	7	2
Satisfactory ...	6	2
Unsatisfactory ...	1	—

Ice Cream (Heat Treatment) Regulations, 1947.

There are in the Rural Area eight premises registered for the sale of Ice Cream. There are no manufacturers, all the Ice Cream is imported into the District and is pre-packed.

Rodent Control.

(Prevention of damage by Pests Act, 1949).

There is a full time Rodent Officer employed in the Public Health Inspector's Department, and the following table shows the work on Rodent Control carried out during the year.

	Type of Property				
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	(5) Agri-cultural
1. No. of properties in Local Authority's District	12	1906	55	1973	526
2. No. of properties inspected as a result of :					
(a) Notification	—	76	4	—	—
(b) Survey under the Act	10	1210	55	—	—
(c) Otherwise	—	—	—	—	—
3. Total Inspections carried out including re-inspections	—	—	—	—	—
4. No. of properties inspected in Sect. 2 which were infested by :					
(a) Rats, Major	10	—	—	—	—
Minor	nil	9	—	—	—
(b) Mice, Major	nil	555	—	—	—
Minor	9	—	—	—	—

Rodent Control—*continued.*

	Type of Property				
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses including Council Houses	(3) All other including Business Premises	(4) Total of Cols. 1, 2 & 3	(5) Agri-cultural
5. No. of infested properties in Sect. 4 treated by the L.A.	10	564	—	—	—
6. Number of points Bated ...	—	2272	—	—	—
7. No. of Notices under Sect. 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work	—	—	—	—	—
8. No. of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	—	—	—	—	—
9. Legal Proceedings	—	—	—	—	—
10. Number of "Block" Control schemes carried out ..	—	—	—	—	—

Housing.

I. Inspection of Dwelling Houses during the year :

(1) (a) Total number of Dwelling Houses inspected for housing defects (under Public Health and Housing Act, 1936--1957 ... 101

(b) Number of inspections made for the purpose ... 101

(2) Number of Dwellings found to be in a state so dangerous or injurious to health as to be unfit for habitation 13

II. Remedy of defects during the year without service of Formal Notice :

Number of defective Dwelling Houses rendered fit in consequence of informal action by the Local Authority or their Officers ... 4

III. Action under the Statutory Powers during the year :

(1) Proceeding under Sections 9, 10, 11, 12 and 16 of the Housing Act, 1936 :

(a) Number of Dwelling Houses in respect of which Notices were served requiring repairs ... —

(b) Number of Closing Orders served ... 6

(c) Number of Demolition Orders served ... 7

(d) Number of Dwelling Houses which were rendered fit after service of Formal Notice :

(i) By Owners 2

(ii) By Local Authority ... Nil

(2) Proceedings under the Public Health Acts :

(a) Number of Dwelling Houses in respect of which Notices were served requiring defects to be remedied 5

(b) Number of Dwelling Houses in which defects were remedied after service of Formal Notice :

(i) By Owners 5

(ii) By Local Authority in default of Owner Nil

Inspection and Supervision of Food Premises and Licensed Premises.

Periodic visits are made to all Food Premises and Licensed Premises during the year.

1. The number of Food Premises in the area are :

(i)	Bakehouse	1
(ii)	General Provisions and Confectionery ...	23
(iii)	Butchers Shops	Nil
(iv)	Licensed Premises	36
(v)	Fish Frying Premises	Nil

2. The number of Food Premises registered under the Food and Drugs Act ... ... Nil

Yours faithfully,

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Public Health Inspector.